

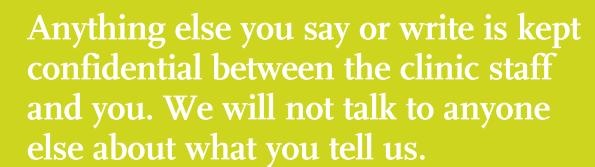
Counselor _____ Staff Title _____
(Signature)

(Please Print)

Written Referral Given:

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Abuse and/or rape*
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Job
<input type="checkbox"/> Other	

Length of Visit: ☒ Brief (10-19 minutes) ☐ Extended (20 minutes +)



1.

Are you going to school?

☐ Yes

☐ No, I graduated/I have my GED

☐ No, I stopped going to school
2.

How old are you?
3.

Which ethnic group describes you? (Optional)

(Check all that apply)

☐ Latino/Hispanic

☐ White/Caucasian

☐ Black/African American

☐ Asian

☐ Other:

Your feelings about sex and pregnancy

4.

Have you ever had sex? *(Check all that apply)*

☐ Yes, vaginal sex (penis in vagina)

☐ Yes, oral sex (mouth on penis or vagina)

☐ Yes, anal sex (penis in anus or butt)

☐ No, I've never had sex
5.

If yes, have you ever had sex with a:

(Check all that apply)

☐ Female

☐ Male
6.

If yes, how old were you the first time you had sex?

☐ 15 or younger

☐ 16 or older
7.

Have you ever been forced or pressured to have sex when you did not want to?

☐ Yes*

☐ No
8.

How old do you want to be when you father your first (or next) child?

☐ 19 or younger

☐ 20 or older

☐ Don't plan to have children (or anymore children)

☐ Not sure
9.

How would you feel if you got someone pregnant now?

☐ Happy

☐ Upset

☐ Wouldn't feel anything

☐ Don't know
10.

Do you have a partner who wants to get pregnant now?

☐ Yes

☐ No

☐ We haven't talked about it
11.

How likely is it that you will get someone pregnant in the next year?

☐ It won't happen

☐ It may happen

☐ It will happen

If you’ve never had sex, please skip to question #29

12.

In the past month, about how often did you have sex?

☐ Not at all

☐ 3 times or less

☐ 4 or more times
13.

In the past 6 months have you ever thought you might have gotten someone pregnant?

☐ Yes (How many times?)

☐ No
14.

Have you ever gotten someone pregnant?

☐ Yes (Number of times?)

☐ No

☐ Don't know
15.

Are you a father now?

☐ Yes

☐ No

☐ Don't know

Choosing a birth control method

16.

Which birth control methods have you or your partner(s) **ever** used? *(Check all that apply)*

☐ Nothing

☐ Withdrawal (pulling out)

☐ Condom (for men or women)

☐ Foam, spermicides, film or suppositories

☐ Pill

☐ The “shot” (Depo)

☐ Other (What?)
17.

The **last** time you had sex, what birth control method did you or your partner use? *(Check all that apply)*

☐ Nothing

☐ Withdrawal (pulling out)

☐ Condom (for men or women)

☐ Foam, spermicides, film or suppositories

☐ Pill

☐ The “shot” (Depo)

☐ Other (What?)
18.

If a man withdraws his penis (pulls out) before he comes, can he still make the woman pregnant?

☐ Yes

☐ No
19.

Do you and your partner ever disagree about using a **condom** or another birth control method?

☐ Yes

☐ No
20.

How easy is it for you to talk about sex and birth control with the people you have sex with?

☐ Most of the time it's easy

☐ Most of the time it's hard

☐ We don't talk about it

Protecting yourself from STIs (Sexually Transmitted Infections)

21.

During the past 6 months, how many people have you had sex with? *(Check one)*

☐ None

☐ One

☐ 2 or more
22.

Do you drink alcohol or use drugs when you have sex?

☐ Some of the time

☐ Most of the time

☐ Never
23.

Do you have a partner who drinks alcohol or uses drugs when you have sex?

☐ Some of the time

☐ Most of the time

☐ Never
24.

Have you ever had burning when you urinate, discharge from your penis, or any bumps or sores on or around your penis?

☐ Yes

☐ No
25.

Have you ever had an STI (like herpes, gonorrhea, chlamydia, genital warts, trich or hepatitis)?

☐ Yes

☐ No

☐ Not sure
26.

Can a man have an STI and not know it?

☐ Yes

☐ No
27.

How often do you or your partner use **condoms** or other protection (like a dental dam or latex barrier)

If you have **vaginal** sex? (penis in vagina)

☐ Always use condoms

☐ Mostly use condoms

☐ Sometimes use condoms

☐ Never use condoms

☐ Never had vaginal sex

If you have **oral** sex? (mouth on penis or vagina)

☐ Always use condoms

☐ Mostly use condoms

☐ Sometimes use condoms

☐ Never use condoms

☐ Never had oral sex

If you have **anal** sex? (penis in anus or butt)

☐ Always use condoms

☐ Mostly use condoms

☐ Sometimes use condoms

☐ Never use condoms

☐ Never had anal sex

28.

Do you ever have problems with a condom slipping off or breaking?

☐ Yes

☐ No

☐ Sometimes

Can We Help?

29.

What do you do when you're upset or having problems? *(Check all that apply)*

☐ Talk to someone (Who?)

☐ Hang out with friends

☐ Pray or meditate

☐ Spend time alone

☐ Exercise/sports

☐ Watch TV/listen to music

☐ Eat/sleep

☐ Smoke cigarettes

☐ Get high or drink alcohol

☐ Something else (What?)

☐ I don't do anything
30.

Would you like help with any of these things? *(Check all that apply)*

☐ Basic needs (food, place to live, work)

☐ Problems in school or at home

☐ Alcohol or other drug use

☐ Cigarette smoking

☐ Feeling sad or depressed

☐ Thoughts of hurting myself

☐ Thoughts of suicide

☐ Controlling my temper (keeping from hitting or yelling at others)

☐ Physical abuse (being hit, slapped, punched or choked by anyone)*

☐ Sexual abuse (being touched where you didn't want to be; being forced to have sex)*

☐ Resisting sexual pressure from partner(s)

☐ Relationship with my partner

☐ Being a father/parenting skills

☐ Other

☐ I don't want help right now

Thank you for taking the time to fill out this survey.

**For your safety and by law, we must report past or present abuse to a child protective agency that is trained to help those who are dealing with abuse in their lives.*

Counselor: Please review limits of confidentiality and disclosure requirements with the client

1. Are you going to school?

☐ Yes

☐ No, I graduated/I have my GED

☐ No, I stopped going to school
2. How old are you?

If teen is age 16 or older

If teen is age 15 or younger
3. Which ethnic group describes you? (Optional)
(Check all that apply)

☐ Latino/Hispanic

☐ White/Caucasian

☐ Black/African American

☐ Asian

☐ Other: _____

Your feelings about sex and pregnancy

4. Have you ever had sex? (Check all that apply)

☐ Yes, vaginal sex (penis in vagina)

☐ Yes, oral sex (mouth on penis or vagina)

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5. If yes, have you ever had sex with a:
(Check all that apply)

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6. If yes, how old were you the first time you had sex?

☐ 15 or younger

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7. Have you ever been forced or pressured to have sex when you did not want to?

☐ Yes*

☐ No
8. How old do you want to be when you father your first (or next) child?

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☐ Don’t plan to have children (or anymore children)

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9. How would you feel if you got someone pregnant now?

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10. Do you have a partner who wants to get pregnant now?

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☐ No

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☐ Yes (Number of times?) _____

☐ No

☐ Don’t know
15. Are you a father now?

☐ Yes

☐ No

☐ Don’t know

Choosing a birth control method

16. Which birth control methods have you or your partner(s) ever used? (Check all that apply)

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☐ Sometimes use condoms

☐ Never use condoms

☐ Never had oral sex

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☐ Sometimes use condoms

☐ Never use condoms

☐ Never had anal sex

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☐ Yes

☐ No

☐ Sometimes

Can We Help?

29. What do you do when you’re upset or having problems? (Check all that apply)

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☐ Spend time alone

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☐ Watch TV/listen to music

☐ Eat/sleep

☐ Smoke cigarettes

☐ Get high or drink alcohol

☐ Something else (What?) _____

☐ I don’t do anything
30. Would you like help with any of these things? (Check all that apply)

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☐ Thoughts of hurting myself

☐ Thoughts of suicide

☐ Controlling my temper (keeping from hitting or yelling at others)

☐ Physical abuse (being hit, slapped, punched or choked by anyone)*

☐ Sexual abuse (being touched where you didn’t want to be; being forced to have sex)*

☐ Resisting sexual pressure from partner(s)

☐ Relationship with my partner

☐ Being a father/parenting skills

☐ Other _____

☐ I don’t want help right now

OVERALL RISK: ___ Low ___ Moderate/High

CLIENT PRIORITY ISSUES: (Check all that apply)
___ BCM/Pregnancy Prevention ___ Counseling/Information ___ Physical Exam
___ STI Prevention ___ Infection/STI check Other:

ISSUES DISCUSSED: ___ Pregnancy Risk ___ BCM Options
___ Method Use ___ STI Risk

PSYCHOSOCIAL ISSUES:
___ Substance Abuse ___ Suicidal Thoughts ___ Depression
___ Family/Partner Issues ___ Physical/Sexual Abuse*
Other:

*By law, you must report past or present abuse to a child protective agency.